

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

ROD BLUM  
1<sup>st</sup> District, Iowa

Send Completed Form to the Office of  
Congressman Rod Blum  
1050 Main Street  
Dubuque, IA 52001

**Authorization to Release Confidential Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency your issue involves: \_\_\_\_\_

Case Number: \_\_\_\_\_

Describe the problem. Please be specific and explain how you would like our office to help and attach copies of any relevant documents. If additional space is needed, please use a separate piece of paper.

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Signature \_\_\_\_\_ Date: \_\_\_\_\_